This space for	or use by Ryan White Part A Agency RECEIVING referral only:	
CIS#:		

OUT OF NETWORK (OON) / NON-CERTIFIED REFERRAL DEMOGRAPHICS

for Miami-Dade County Ryan White Part A/MAI Program Services

Please complete the following demographic information for program reporting purposes, and include this page with the referral form and supporting documentation:

<u>CLIENT INFORMATION</u> :			
DOB:/ Zip Code:			
Birth Gender:MaleFemale Self-Reported Gender:MaleFemale0	OtherNot reported/Unknown/Does Not Fit Within Available Options		
Race: (Choose all that apply)AsianAsian IndianChineseFilipinoJapaneseKoreanVietnameseOther Asian ()	_Black or African American _Native American /Alaskan Native _Native Hawaiian/Pacific IslanderNative HawaiianGuamanian or ChamorroSamoanOther Pacific Islander () _White		
Ethnicity: (Choose from the following, as applicable) Haitian Hispanic/Latino/a or Spanish origin Mexican, Mexican American, Chicano/a Puerto Rican Cuban Another Hispanic, Latino/a, or Spanish origin ()			
Birth Country: Native Language: Preferred Language:			
Current HIV Level:CDC-Defined AIDSHIV+ AsymptomaticHIV+ Symptomatic Date of Diagnosis:// State where HIV diagnosis was made:Within Miami-Dade County: Yes/No			
Primary Risk Factor for HIV Infection: MSM (male-to-male sexual contact)IDU (injection drug use)Heterosexual contactHemophilia/Coagulation DisorderReceipt of blood transfusion, blood components, or tissuePerinatal transmissionRisk factor not reported or not identified above Current Housing/Living Arrangement:Stable/PermanentTemporaryUnstable			